SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

RECEIVED TOWN/CITY CLERK DERBY, CT

2023 COT 31 FM 2:43

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COVER PAGE Care & Samples

1. NAME OF COMMITTEE					MARC J. GAR	ROFALO, MªA			7
DiMartino 23 For A Better Derby									
2. TREASURER NAME									
First		MI		Last					Suffix
Ryan				Toffey					
3. TREASURER ADDRESS									
Street Address	e.		City				State	Zip Co	
8 1/2 B Talmadge Street			Der	by			СТ	064	18
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	GHT (Complet	te only i	if Candidate	Committee)			u washing day si	RICT NUMBER
(mm/dd/yyyy) 11/07/2023	Mayor							(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Explorate	ory Committee)							
First		MI		Last					Suffix
Joseph				DiMarti	no				
8. TYPE OF REPORT (Check One Box)									
☐ January 10 filing	☐ 7th day prece	ding primar	у	□ 7th	lay preceding refere		Initial Con (PACs ONLY		r Disbursement
☐ April 10 filing	☐ 30 days follo	wing primar	У	☐ 45 c	ays following refere	endum 🗆	Amendme	nt to	
☐ July 10 filing	7th day prece	ding electio	n	☐ Def	cit	,	Type of Re	port:	
☐ October 10 filing	☐ 12th day prec			☐ Terr	nination			-	
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days follo not held in N		on						
9. PERIOD COVERED									
	Beginning Da	ate			Ending Date	e			
	10/01/2023			thru	10/29/2023				
10. CERTIFICATION									
I hereby certify and state, under possible Disclosure Statement for the period of the	penalties of false eriod covered is	statement, true, accu	that rate	all of the and com	information set fo	orth on this It	emized Ca	ampaign F	inance
K W///	1		Rya	n Toffey				10/31/	′2023
TREASURER OR DEPUTY TREASUR	ER SIGNATURE)		PRIN	IT NAME	OF SIGNER			DATE	(mm/dd/yyyy)
A person who is	s found to have k	nowingly a faces a civ	ınd w vil pe	illfully vi nalty or i	olated any provisi mprisonment or b	ions of the car	mpaign fir	nance stat	utes

Page 1 of 17

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees 12. Balance on hand at the beginning of Reporting Period 13. Contributions Received from Individuals (Sections A and B) 14. Receipts from Other Committees (Sections C1 and C2) 15. Other Monetary Receipts (Sections D through K) 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) 16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed 16c. Total Purchases of Advertising—Program Book or Sign (Section L3) 17. Total Monetary Receipts (add totals for Lines 13 through 16c) 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) 19. Expenses Paid by Committee (Section P)	COLUMN A This Period 8,845.23 3,825.00 1,900.00 5,725.00	COLUMN B Aggregate 13,532.00 3,700.00
Balance on hand from day committee was formed for all other committees 12. Balance on hand at the beginning of Reporting Period 13. Contributions Received from Individuals (Sections A and B) 14. Receipts from Other Committees (Sections C1 and C2) 15. Other Monetary Receipts (Sections D through K) 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) 16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed 16c. Total Purchases of Advertising—Program Book or Sign (Section L3) 17. Total Monetary Receipts (add totals for Lines 13 through 16c) 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) 19. Expenses Paid by Committee (Section P)	This Period 8,845.23 3,825.00 1,900.00	Aggregate 13,532.00 3,700.00
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 Balance on hand at the beginning of Reporting Period Contributions Received from Individuals (Sections A and B) Receipts from Other Committees (Sections C1 and C2) Other Monetary Receipts (Sections D through K) Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) Per Public Act 11-48, effective January 1, 2012 Section L2. removed Total Purchases of Advertising—Program Book or Sign (Section L3) Total Monetary Receipts (add totals for Lines 13 through 16c) Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) Expenses Paid by Committee (Section P) 	3,825.00 1,900.00	3,700.00
 Receipts from Other Committees (Sections C1 and C2) Other Monetary Receipts (Sections D through K) Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) Per Public Act 11-48, effective January 1, 2012 Section L2. removed Total Purchases of Advertising—Program Book or Sign (Section L3) Total Monetary Receipts (add totals for Lines 13 through 16c) Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) Expenses Paid by Committee (Section P) 	1,900.00	3,700.00
 15. Other Monetary Receipts (Sections D through K) 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) 16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed 16c. Total Purchases of Advertising—Program Book or Sign (Section L3) 17. Total Monetary Receipts (add totals for Lines 13 through 16c) 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) 19. Expenses Paid by Committee (Section P) 		
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 16c. Total Purchases of Advertising—Program Book or Sign (Section L3) 17. Total Monetary Receipts (add totals for Lines 13 through 16c) 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) 19. Expenses Paid by Committee (Section P) 	5,725.00	100.00
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 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) 19. Expenses Paid by Committee (Section P) 	5,725.00	100.00
19. Expenses Paid by Committee (Section P)		17,332.00
	14,570.23	17,332.00
	13,032.87	15,794.64
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns	1,537.36	1,537.36
21. In-Kind Donations not Considered Contributions Received (Section L4)	65.12	65.12
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		2023 OCT 31 PM
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

2:43

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Na	me as R	Registered with Filing Repository)			TYPE OF REPORT				
A. Total Contributions from S (See instructions for definition of Small				this Period ONLY	\$				
(See that retions for regiment of small	Contr	ionor)	OL	STOTAL SECTION A					
		B. Itemized Cor	ıtr	ibutions from Indivi	duals				
Last Name				First				MI	
Luxenberg				Geoffrey					
Residential Street Address			City			State	Zip (1	
93 Plymouth Lane			IVI	anchester		СТ	060	040	
Principal Occupation				Name of Employer					
State Representitive	T			State of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 ts contributor or business he/she and at more than \$5,000?	to a is as	candidate for a chief executive ssociated with have a contract Yes No	e officer of a municipality with said municipality	lity, Amount of Contributi		f Contribution	
Is this contribution associated with an	Yes	Is contributor a principal of a s		contractor or prospective stat		7 300	500.00		
event reported in Section L1? If yes, list Event #	No	If yes, indicate which bran of government the contract			Legislative No				
Method of Contribution:		1 50 - orimion, the contract	- 10	Date Received	Aggregate Contributions	\dashv			
OCash OPersonal Check OCredit/Debit C	Card (Payroll Deduction OMoney	Ord	der 10/28/2023	500.00				
Last Name				First		i		MI	
Smith				Eric					
Residential Street Address			City			State	Zip C	Code	
61 Seymour Ave			-	erby		CT	064		
Principal Occupation	····	NAMES ASSESSED FOR STREET		Name of Employer		L	ــــــــــــــــــــــــــــــــــــــ	-	
Trial Lawer				Faxon Law Group I	LC				
Is contributor a lobbyist, spouse, Yes	If co	ontribution is in excess of \$400 t	o a	candidate for a chief executiv	e officer of a municipality	, Am	ount of	f Contribution	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	s contributor or business he/she i ed at more than \$5,000?	is as	ssociated with have a contract Yes No	with said municipality	50.			
	Yes No	Is contributor a principal of a s If yes, indicate which bran			te contractor? Yes No				
If yes, list Event #		of government the contrac			O Legislative				
Method of Contribution:				Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit C	Card (Payroll Deduction Money	Ord	ler 10/24/2023	50.00				
Last Name				First				MI	
Casini				Victor					
Residential Street Address		l	City			State	Zip (1	
136 Park Ave			DΘ	erby		CT	064	418	
Principal Occupation				Name of Employer			2023	OCT 31 PM	
Retired	Г-			Retired					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 to s contributor or business he/she it and at more than \$5,000?	o a is as	candidate for a chief executive ssociated with have a contract Yes O No	e officer of a municipality with said municipality	/, Am		f Contribution	
Is this contribution associated with an	Yes	Is contributor a principal of a s	tate	contractor or prospective star	te contractor? OYes		00		
event reported in Section L1? If yes, list Event #	No	If yes, indicate which bran of government the contract	ich (or branches	_ ⊙ N₀				
Method of Contribution:		or government the contrac	1 13	Date Received	Aggregate Contributions	\dashv			
Cash Personal Check OCredit/Debit C	Card (Payroll Deduction OMoney	Ord	ler 10/24/2023	50.00				
		SUBT	O)	TAL Section B — This	Page 600.00				
		TOTAL	of	additional Section B l	Pages				
TOTAL OF A	ALL (CONTRIBUTIONS FROM		NDIVIDUALS (Sections A					
	<u> </u>	Lanter total on Line 1	٠, د	oonaan 21 oj Gummury Fuge	2011113)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)			TYPE OF REPORT			
DiMartino 23 For A Better Derby				7th day preceeding election			
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$			
B. Itemi	ized Con	tribı	itions from Indivi	duals	·i		
Last Name Casini		Firs Li	nda .				MI
Residential Street Address 136 Park Ave		City Derby	y		State CT	Zip C 064	
Principal Occupation retired	<u></u>		Name of Employer retired				
	ness he/she is		didate for a chief executive iated with have a contract OYes ONo		y, Am		Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a prin If yes, indicate with an event reported in Section L1?	ncipal of a sta which branc	ch or b	atractor or prospective state	e contractor? Yes O Legislative			
If yes, list Event # of government of Method of Contribution:	the contract	15 WILL	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney (Order	10/23/23	150.00			
Last Name Flaherty		Jo	o-Lynn				MI
Residential Street Address 28 Pinecrest Ave		_{ity} Anso	nia		State CT	Zip Ci 064	
Principal Occupation n/a			Name of Employer n/a			.	
	ness he/she is		didate for a chief executive iated with have a contract Yes No		y, Am		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A Yes No If yes, indicate of government	which bran	ch or t	ntractor or prospective state	e contractor? Yes No			
Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction			Date Received 10/23/2023	Aggregate Contributions 100.00			
Last Name		Fire					MI
Lynch		E	lizabeth				
Residential Street Address 63 Franklin St		ity Anso	na		State CT	Zip C 064	
Principal Occupation Town Clerk			Name of Employer City of Ansonia		•		
	ness he/she is		didate for a chief executive integrated with have a contract Yes No		y, Am 50		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A Yes No Is contributor a prin If yes, indicate of government	which branc	ch or b		e contractor? Yes			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	_		Date Received 10/23/2023	Aggregate Contributions 50.00			
	SUBT	ОТА	L Section B — This	Page 150.00	•		
	TOTAL	of ac	Iditional Section B I	ages 600.00			
TOTAL OF ALL CONTRIBUTION (Enter total)			IVIDUALS (Sections A umn A of Summary Page			2023	00T31 PM

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
DiMartino 23 For A Better Derby			7th day preceeding election					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$				
		B. Itemized Cor	ntr	ibutions from Indivi	duals			
Last Name Malerba III				First Aniello				MI
Residential Street Address 41 Lakeview Terr.		l l	City De	erby		Stat		ip Code 06418
Principal Occupation Letter Carrier				Name of Employer USPS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ntribution is in excess of \$400 to contributor or business he/she ed at more than \$5,000?					Amoun	t of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ıch	contractor or prospective state	No	.		
Method of Contribution: Cash Personal Check Credit/Debit Contribution:	Card C			Date Received	Aggregate Contributions 250.00			
Last Name Mancini				First Andrew		1		MI
Residential Street Address 30 Kings Ct.			City	erby		Stat		ip Code 06418
Principal Occupation Attendance officer				Name of Employer City of Ansonia				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ntribution is in excess of \$400 t contributor or business he/she ed at more than \$5,000?					Amoun	t of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	nch	or branches	te contractor? Yes	S)		
Method of Contribution: Cash Personal Check Credit/Debit Contribution:	Card (Payroll Deduction Money	Orc	Date Received 10/23/2023	Aggregate Contributions 100.00			
Last Name Ritter				First Charlotte		<u>-</u>		MI
Residential Street Address 34 Belleview Dr			City De	erby		Sta		tip Code 06418
Principal Occupation retired				Name of Employer retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 of contributor or business he/she ed at more than \$5,000?					Amoun	t of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A	Yes No	Is contributor a principal of a s If yes, indicate which brar of government the contrac	nch	or branches	_ Ŏ N₀	;		
Method of Contribution: Cash Personal Check Credit/Debit Contribution:	Card C	Payroll Deduction OMoney	Oro	Date Received 10/23/2023	Aggregate Contributions 150.00		202	30CT 31 PM
		SUBT	r o r	TAL Section B — This	Page 200.00			
		TOTAL	o o	f additional Section B	Pages 750.00			
TOTAL OF	ALL (CONTRIBUTIONS FROM (Enter total on Line		NDIVIDUALS (Sections Column A of Summary Page				

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)		TYPE OF REPORT			
DiMartino 23 For A Better Derby			7th day preceeding election			
A. Total Contributions from Sma (See instructions for definition of Small Con		d this Period ONLY UBTOTAL SECTION A	\$			
	B. Itemized Cont	tributions from Indivi	duals	٠.		
Last Name		First			MI	
Ritter		Randal				
Residential Street Address 283 Elizabeth St		Derby			Zip Code 06418	
Principal Occupation Program Manager		Name of Employer Yale University		II.		
or dependent child of a lobbyist?	contribution is in excess of \$400 to be contributor or business he/she is alued at more than \$5,000?			y, Amour	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A	Is contributor a principal of a sta	ate contractor or prospective star	e contractor? Yes No Legislative			
Method of Contribution:	or go vermions are contract	Date Received	Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney C	Order 10/23/23	250.00			
Last Name		First			MI	
Pelham		Kelly				
Residential Street Address	Ici	<u> </u>		State	Zip Code	
8 Lakeview Terr.		Derby		I I	06418	
Principal Occupation		Name of Employer		<u> </u>		
retired		retires				
Is contributor a lobbyist, spouse, Q Yes If	contribution is in excess of \$400 to			y, Amour	nt of Contribution	
	ses contributor or business he/she is alued at more than \$5,000?	associated with have a contract O Yes O No	with said municipality	100.0	00	
Is this contribution associated with an event reported in Section L1? Yes, list Event # 102323A	Is contributor a principal of a state of government the contract	ch or branches	⊙ No			
Method of Contribution:	of government the contract	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction Money C	Order 10/23/2023	200.00			
Last Name		First	<u> </u>	L	MI	
Bussell		Lawrence				
Residential Street Address		ity			Zip Code	
152 Shagbark Dr	[Derby		CT	06418	
Principal Occupation retired		Name of Employer retired				
	. 11 // 11			<u> </u>		
or dependent child of a lobbyist?	contribution is in excess of \$400 to bes contributor or business he/she is alued at more than \$5,000?	s a candidate for a chief executive associated with have a contract Yes O No	e officer of a municipality	y, Amou 50.00	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A	Is contributor a principal of a standard standard standard which brand of government the contract	ch or branches	te contractor? O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney O	Order 10/23/2023	350.00	- 20	123.OCT.31 PM	
	SUBTO	OTAL Section B — This	Page 200.00	<u>, , , , , , , , , , , , , , , , , , , </u>	ication till Mil	
	TOTAL	of additional Section B	Pages 950.00			
TOTAL OF ALI	CONTRIBUTIONS FROM (Enter total on Line 13)	INDIVIDUALS (Sections 3, Column A of Summary Page				

NAME OF COMMITTEE (Provide Complete Na.	TYPE OF REPORT					
DiMartino 23 For A Better Derby			7th day preceeding election			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
	B. Itemized Con	tributions from Indivi	iduals			
Last Name Smith		Robin			MI	
Residential Street Address 1 Grandview Blvd		City Derby		State CT	Zip Code 06418	
Principal Occupation X-Ray Tech		Name of Employer Hartford Healthca	ıre	1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A		tate contractor or prospective sta ch or branches	te contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Credit/Debit C		Date Received	Aggregate Contributions 50.00			
Last Name Confinante		First Joseph			MI	
Residential Street Address 147 Myrtle Ave	· ·	 _{City} Ansonia		State CT	Zip Code 06401	
Principal Occupation retired		Name of Employer retired		I		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A	Yes No Is contributor a principal of a s If yes, indicate which bran of government the contract	_	tte contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Credit/Debit C		Date Received	Aggregate Contributions 300.00			
Last Name Mead		First Diane			MI	
Residential Street Address 204 Hyland Terr		 City Orange		State CT	Zip Code 06477	
Principal Occupation retired		Name of Employer retired			1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she i valued at more than \$5,000?			50.0		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A	Yes No Is contributor a principal of a st If yes, indicate which bran of government the contract		_ ⊙ No	1 7	2023 OCT 31 PM	
Method of Contribution: Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMoney	Order Date Received 10/23/2023	Aggregate Contributions 100.00			
	SUBT	OTAL Section B — This	Page 150.00			
	TOTAL	of additional Section B	Pages 1150.00			
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections 3, Column A of Summary Page				

NAME OF COMMITTEE (Provide Complete Na	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				
DiMartino 23 For A Better Derby	7th day preceeding election				
A. Total Contributions from S (See instructions for definition of Small		ved this Period ONLY SUBTOTAL SECTION A	\$		
			·		***************************************
	B. Itemized Co	ontributions from Indivi	duals	. "	
Last Name		First			MI
Jackson		Mark			
Residential Street Address		City		State Zi	ip Code
16 Coppola Terr		Derby		CT 0	6418
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?			Amount indidate for a chief executive officer of a municipality, ociated with have a contract with said municipality Dyes ONO 100.00		
Is this contribution associated with an	Yes Is contributor a principal of a	state contractor or prospective sta			
event reported in Section L1? If yes, list Event # 102323A	No If yes, indicate which bra of government the contra		O No Legislative		
Method of Contribution:	or government the confit	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	1.0.00.00	100.00		
	Out Orayion Bodaction Owione				
Last Name DiMartino		First James			MI
Residential Street Address 63 Sherwood Ave		City Derby		1 1	p Code 6418
Principal Occupation		<u> </u>			
Locksmith		Name of Employer Yale			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	re officer of a municipality	y, Amount 50.00	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A	Yes Is contributor a principal of a If yes, indicate which br of government the contr		te contractor? Yes No Legislative		
Method of Contribution:	or government and contr	Date Received	Aggregate Contributions	┥	
OCash OPersonal Check OCredit/Debit C	Card Payroll Deduction Mone	ey Order 10/23/2023	200.00		
Last Name		First			MI
Bodo		Robert			
Residential Street Address		City		State Z	ip Code
118 Massachusetts Ave		Fairfield		1	6824
Principal Occupation		Name of Employer			
retired		retired			
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	l 0 to a candidate for a chief executive	ve officer of a municipality	y. Amoun	t of Contribution
or dependent child of a lobbyist?	does contributor or business he/sh valued at more than \$5,000?	te is associated with have a contract Yes O No	t with said municipality	50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A	Yes No Is contributor a principal of a If yes, indicate which broof government the contributor.		No		
Method of Contribution:		Date Received	Aggregate Contributions	7 282	23 OCT 31 PM
OCash OPersonal Check OCredit/Debit (Card OPayroll Deduction OMone	ey Order 10/23/2023	150.00		
	SUB	STOTAL Section B — This	Page 200.00		
	тота	L of additional Section B	Pages 1300.00		
TOTAL OF	ALL CONTRIBUTIONS FRO		/ 1 I JUU.UU		
	(Enter total on Line	e 13, Column A of Summary Page	Totals)		

Section B ADDITIONAL PAGE _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Dimartino 23 For A Better	Delby		
A. Total Contributions from Small Contributors-Receiviste (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$	
		-	
B. Itemized Co	ontributions from Indivi	duals	
Last Name	First		MI
5.11	Konald		
Residential Street Address 73 Gruve Aul	city Derby		State Zip Code CT 06418
Principal Occupation Retired	Name of Employer Retire	e d	
	to a candidate for a chief executive is associated with have a contract		, Amount of Contribution
		e contractor? Yes X No	100.00
Method of Contribution:	Date Received	Aggregate Contributions	-
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order 10/23/23	250.00	
Last Name	First		MI
DiMartino	Lacey		
Residential Street Address S 12 A Talmadge 5+	City		Zip Code CT 06418
Principal Occupation	Name of Employer	. 3	
Tech	Watersu	M HOSP	;tal
	to a candidate for a chief executive e is associated with have a contract Yes X No		Amount of Contribution 50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # \(\)\(\)\(\)\(\)\(\)\(\)\(\)\(te contractor? Yes Legislative	
Method of Contribution:	Date Received	Aggregate Contributions	-
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order 10/23/23	200.00	
Last Name FUSCO	First		MI
Residential Street Address	Derby		State Zip Code CT 06418
Principal Occupation Retined	Name of Employer	q	
	to a candidate for a chief executive is associated with have a contract Yes No		
Is this contribution associated with an event reported in Section L1? 2323A If yes, list Event # 02323A Is contributor a principal of a lf yes, indicate which bra of government the contra		⊠ No	- 100.00 - 2023 OCT 31 pm 2:4
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	Date Received	Aggregate Contributions	_ LUCUVVIULFN E**
	y Order \ \land \l		00.0
	L of additional Section B F	Pages 150	0.00
TOTAL OF ALL CONTRIBUTIONS FRO		A+B) \75	0.00

NAME OF COMMITTEE (Provide Complete Nam	TYPE OF REPORT					
DiMartino 23 For A Better Derby			7th day preceeding election			
A. Total Contributions from Si (See instructions for definition of Small Contributions)		d this Period ONLY UBTOTAL SECTION A	\$			
	B. Itemized Con	tributions from Indivi	duals			
Last Name Cirillo		First Diana			MI	
Residential Street Address 23 Silver St		ity Milford		1 1	Zip Code 06460	
Principal Occupation Hairstyleist		Name of Employer Panache				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			/, Amou	nt of Contribution	
	s contribution associated with an reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No No No					
Method of Contribution: OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney C	Date Received 10/23/23	Aggregate Contributions			
Last Name Happy		First Pamela			MI	
Residential Street Address 500 Boulder Pass Unit 111		_{ity} Oxford		1 1	Zip Code 06478	
Principal Occupation Admin. Assistant		Name of Employer a.r. mazzotta/ Em	mitt O'Brien			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?					nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A	Yes Is contributor a principal of a st No If yes, indicate which brane of government the contract	_	te contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Ca		Date Received	Aggregate Contributions 100.00			
Last Name Mastrony		First Jen	<u> </u>		MI	
Residential Street Address 10 Jenyfer Crt		L ^{Sity} Shelton		State CT	Zip Code 06484	
Principal Occupation		Name of Employer Panache		<u> </u>	•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			y, Amou	ant of Contribution	
	s this contribution associated with an vent reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Section L1? Yes No If yes, indicate which branch or branches					
Method of Contribution: OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney O	Date Received 10/23/2023	Aggregate Contributions 100.00			
	SUBT	OTAL Section B — This	Page 300.00			
	TOTAL	of additional Section B	Pages 1750.00			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections 23, Column A of Summary Page				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
DiMartino 23 For A Better Derby	7th day preceeding election					
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$				
B. Itemized Co	ontributions from Indiv	iduals				
Last Name Hannon	First David			MI		
Residential Street Address 99 Wakelee Ave	City Ansonia		State CT	Zip Code 06401		
Principal Occupation Union President	Name of Employer Connecticut Heal	thcare Associates				
	0 to a candidate for a chief executive is associated with have a contractory of the contr		y, Amou	unt of Contribution		
	a state contractor or prospective sta anch or branches	O No				
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Omone	Date Received 10/23/23	Aggregate Contributions 50.00				
Last Name Rochelle	First Kara			MI		
Residential Street Address 40 Bassett St	City Ansonia		State CT	Zip Code 06401		
Principal Occupation Organizer	Name of Employer AFSCME / NUHF	ICE				
	0 to a candidate for a chief executive is associated with have a contract Yes No		y, Amou	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A Yes No If yes, indicate which be of government the contributor a principal of a section L1?		ate contractor? SYes No Legislative				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	Date Received	Aggregate Contributions 150.00				
Last Name Desroches	First Jennifer			MI		
Residential Street Address 184 Seymour Ave	City Derby		State CT	Zip Code 06418		
Principal Occupation	Name of Employer Sunflower Denta					
	0 to a candidate for a chief executive is associated with have a contract Yes No		y, Amou 50.0	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A Yes Is contributor a principal of a If yes, indicate which broof government the contributor.		ate contractor? Yes No Legislative		000 007 54		
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMone	Date Received	Aggregate Contributions 50.00	- 2	023 OCT 31 PM		
	TOTAL Section B — Thi	s Page 150.00				
TOTA	L of additional Section B	Pages 2050.00				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	OM INDIVIDUALS (Sections e 13, Column A of Summary Page					

NAME OF COMMITTEE (Provide Complete Name as Registered with	h Filing Repository)	TYPE OF REPORT				
DiMartino 23 For A Better Derby		7th day preceeding	7th day preceeding election			
A. Total Contributions from Small Contribution (See instructions for definition of Small Contributor)	butors-Received this Period ONLY SUBTOTAL SECTION A	\$				
B.	Itemized Contributions from Indiv	iduals				
Last Name Kurtyka	First George			MI		
Residential Street Address 46 Mowhawk Ave	Derby			ip Code 16418		
Principal Occupation retired	Name of Employer retired		•			
	is in excess of \$400 to a candidate for a chief execut r or business he/she is associated with have a contra- than \$5,000?		Amount 50.00	t of Contribution		
event reported in Section L1? No If yes,	ator a principal of a state contractor or prospective st indicate which branch or branches vernment the contract is with:	tte contractor? Yes No Legislative				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Debit Card	eduction OMoney Order Date Received 10/23/23	Aggregate Contributions				
Last Name Marcucio	First Robert		<u></u>	MI		
Residential Street Address 38 Chatfield Street	City Derby		T I	ip Code 6418		
Principal Occupation retired	Name of Employer retired	1				
	s in excess of \$400 to a candidate for a chief execution or business he/she is associated with have a contraction \$5,000?		Amount 50.00	of Contribution		
event reported in Section L1? O No If yes,	utor a principal of a state contractor or prospective si indicate which branch or branches vernment the contract is with:	ate contractor? Yes No				
Method of Contribution: OCash OPersonal Check Ocredit/Debit Card OPayroll De	Date Received	Aggregate Contributions 50.00	-			
Last Name Santos	First Roberto			MI		
Residential Street Address 3 Cedric Ave	City Derby			ip Code 06418		
Principal Occupation Counselor	Name of Employer U.S. Dept. of VA	<u>-</u>				
	is in excess of \$400 to a candidate for a chief execut r or business he/she is associated with have a contra than \$5,000? Yes O No		Amount	t of Contribution		
event reported in Section L1?	ator a principal of a state contractor or prospective st indicate which branch or branches vernment the contract is with:	ate contractor? Yes No	202	23 0CT 31 PM		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Debit Card Payroll Debit Card Payroll Debit Card Credit/Debit Card	eduction OMoney Order Date Received 10/23/2023	Aggregate Contributions 275.00				
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	TOTAL of additional Section B	Pages 2200.00				
	BUTIONS FROM INDIVIDUALS (Sections Enter total on Line 13, Column A of Summary Pag					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	Repository)	TYPE OF REPORT			
DiMartino 23 For A Better Derby		7th day preceedi	7th day preceeding election		
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)	rs-Received this Period O SUBTOTAL SECTI				
		·			
	nized Contributions from	Individuals			
Last Name Jalowiec	First Joseph			MI	
Residential Street Address 8 Northrop Rd	Woodbridge		State CT	Zip Code 06525	
Principal Occupation n/a	Name of Employ n/a	er			
	cess of \$400 to a candidate for a chie siness he/she is associated with have 5,000?		ty, Amo	unt of Contribution	
event reported in Section L1? No If yes, indica	rincipal of a state contractor or prosp te which branch or branches nt the contract is with:	ective state contractor? Yes xecutive OLegislative			
Method of Contribution: OCash Personal Check OCredit/Debit Card OPayroll Deduction	on OMoney Order Date Received 10/23/23	Aggregate Contributions 200.00			
Last Name FUSCO	First Linda			MI	
Residential Street Address 10 Platt St	City Derby		State CT	Zip Code 06418	
Principal Occupation retired	Name of Employ retired	er			
	cess of \$400 to a candidate for a chie siness he/she is associated with have 0,000?		50.0	unt of Contribution	
event reported in Section L1?	orincipal of a state contractor or prosp te which branch or branches ont the contract is with:	ective state contractor? Executive (Legislative			
Method of Contribution: Ocash Personal Check Ocredit/Debit Card Payroll Deduction	Date Received 10/19/202	Aggregate Contributions			
Last Name Hyder	First Rob		<u></u>	MI	
Residential Street Address 51Franklin Ave	City Derby		State CT	Zip Code 06418	
Principal Occupation Secondary Market Manager	Name of Employ Norcom M		<u>. I.</u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or bu valued at more than \$5	cess of \$400 to a candidate for a chie siness he/she is associated with have 5,000? Yes	a contract with said municipality	ty, Amo 50.0	ount of Contribution	
this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes				2023 OCT 31 PM	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Date Received 10/11/2023	Aggregate Contributions 50.00			
	SUBTOTAL Section B	This Page 300.00	ļ		
	TOTAL of additional Sec	tion B Pages 2400.00			
TOTAL OF ALL CONTRIBUTION (Enter to	ONS FROM INDIVIDUALS (Sotal on Line 13, Column A of Summ				

Residential Street Address State City Derby State City Contribution
B. Itemized Contributions from Individuals First Melissa
Lark Name Melissa Cay Durby Card O6418
Lark Name Melissa Cay Durby Card O6418
Residential Street Address State City Derby State City Contribution
8 Lombardi Dr Derby
If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality, abused at more than \$5,000? Is this contribution associated with an event of portrollar of scale of the contract of the contract is with: Sevent reported in Section L1? Yes, Iste Event ## 102323A Section Personal Check Octedit/Debit Card Orayroll Deduction Owney Order O
does contributor or business he/she is associated with an event reported in Section L1? Is this contribution associated with an event reported in Section L1? If yes, insticute which branch or branches of government the contract is with. Method of Contribution: Ocash Opersonal Check Ocredit/Debit Card Opayroll Deduction Money Order Sarah City Derby
event reported in Section L1? Method of Contribution: Ocash Operation Ocash Operation Ope
Cash Personal Check Octodit/Debit Card Payroll Deduction Money Order 10/23/23 125.00
Residential Street Address 95 Academy Hill Road City Derby
Principal Occupation QA Officer Name of Employer York Analytical Labs
Amount of Contribution a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 102323A Method of Contribution: Cash Personal Check Oredit/Debit Card Payroll Deduction Money Order If yes, indicate which branch or branches of government the contract is with: Cary Date Received 10/23/2023 Aggregate Contributions 200.00
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Yes No State Sta
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received 10/23/2023 Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order Executive O Legislative Date Received 10/23/2023 Aggregate Contributions 200.00 First Gary City Hamden City Hamden City Hamden Name of Employer Government Strategies Consulting Name of Employer Government Strategies Consulting
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 10/23/2023 200.00 Last Name Hale Gary MI Residential Street Address 22314 Town Walk Drive CT 06518 Principal Occupation Clean Energy Developer Government Strategies Consulting
Last Name Hale First Gary City Hamden CT Description CT Description CT Description CT Description CT Description CT CT CT CT CT CT CT C
Hale Gary
22314 Town Walk Drive Hamden CT 06518 Principal Occupation Clean Energy Developer Government Strategies Consulting
Clean Energy Developer Government Strategies Consulting
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution 200.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A Section L1? Solution a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Output Description
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received 10/23/2023 Aggregate Contributions 200.00
SUBTOTAL Section B — This Page 275.00
TOTAL of additional Section B Pages 2700.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 2975.00

NAME OF COMMITTEE (Provide Complete National Com	me as Registered with Filing Repository)		TYPE OF REPORT			
DiMartino 23 For A Better Derby			7th day preceeding election			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
	B. Itemized Co	ontributions from Indivi	duals		3 7	
Last Name DiDonato		First Peter			MI	
Residential Street Address 273 Derby Ave		City Derby			Zip Code 06418	
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, Amoun 50.00	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A			_ O No			
Method of Contribution: OCash OPersonal Check OCredit/Debit Contribution:	Card OPayroll Deduction OMoney	Date Received 10/23/23	Aggregate Contributions 50.00			
Last Name Hoyle		First Clifford	,		MI	
Residential Street Address 34 High Acres Rd		City Ansonia		1	Zip Code 06401	
Principal Occupation Attorney		Name of Employer Hoyle & Sponheir	ner	<u></u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, Amoun	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra		tte contractor? Yes No			
Method of Contribution: Cash Personal Check Credit/Debit Contribution:	_	Date Received	Aggregate Contributions 400.00			
Last Name DiMartino		First Joseph		<u></u>	MI	
Residential Street Address 8 1/2 A Talmadge St		City Derby		1 1	Zip Code 06418	
Principal Occupation ISS Monitor		Name of Employer Derby BOE		.1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, Amour 100.0	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 102323A	Yes Is contributor a principal of a If yes, indicate which bra of government the contra		⊙ No		123 0CT31 pm	
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	SUB'	TOTAL Section B — Thi	Page 250.00			
	ТОТА	L of additional Section B	Pages 2975.00			
TOTAL OF	ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections 2 13, Column A of Summary Page				

sitory)		TYPE OF REPORT			
		7th day preceeding election			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A					
d Contrib	utions from Indivi	duals			
1	= -			MI	
City Plant	tsville		State CT	Zip Code 06479	
,	Name of Employer retired				
				ount of Contribution	
ich branch or b	oranches	O No			
Money Order	Date Received 10/19/23	Aggregate Contributions 50.00			
i		I		MI	
City Anso	onia		State CT	Zip Code 06401	
	Name of Employer Hoyle & Sponhein	ner	<u> </u>		
				ount of Contribution	
ich branch or	branches	⊙ No			
Money Order	Date Received 10/19/2023	Aggregate Contributions 500.00			
I				MI	
City Ches	shire		State CT	Zip Code 06410	
	Name of Employer Town of Seymour				
ontributor a lobbyist, spouse, lependent child of a lobbyist? Yes lependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No				ount of Contribution	
ich branch or l	branches	_ ⊙ No		2923 OCT 31 PM	
Money Order	Date Received 10/15/2023	Aggregate Contributions 100.00		TOTA AME AT LU	
SUBTOTA	L Section B — This	Page 250.00			
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NAME OF COMMITTEE (Provide Complete Nati	me as Registered with Filing Repository)		TYPE	OF REPORT			
DiMartino 23 For A Better Derby				7th day preceeding election			
A. Total Contributions from Small Contributors-Received this Period ONL (See instructions for definition of Small Contributor) SUBTOTAL SECTION							
	B. Itemized Co	ntributions fron	a Individuals				
Last Name Sotolotto		First David				MI	
Residential Street Address 46 Amherst Drive		City Cheshire			State CT	Zip Code 06410	
Principal Occupation Marketing		Name of Emplo Quinnipia	c University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branches	pective state contra	⊙ No			
Method of Contribution: OCash OPersonal Check OCredit/Debit Contribution:	Card OPayroll Deduction OMone	Date Received 10/15/23	Aggregi 100.	ate Contributions			
Last Name Lajeunesse		First Marcel				МІ	
Residential Street Address 52 Old Sentinel Hill Rd		City Derby	•			Zip Code 06418	
Principal Occupation retired		Name of Emplo	oyer		1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		a contract with sai			ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	anch or branches	Executive C Le	⊙ No			
Method of Contribution: Cash Personal Check Credit/Debit Contribution:		Date Received	Aggrega	ate Contributions			
Last Name DiDonato		First Peter				MI	
Residential Street Address 273 Derby Ave		City Derby			State CT	Zip Code 06418	
Principal Occupation Self		Name of Emplo	ark Crazy		1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		e a contract with sa		y, Am 50.	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	inch or branches	Executive OLe	O No gislative		2023 OCT 31 pm	
Method of Contribution: Cash Personal Check Credit/Debit Contribution:	Card OPayroll Deduction OMone	y Order Date Received		ate Contributions			
	SUB	TOTAL Section I	B — This Page	350.00			
	ТОТА	L of additional Se	ction B Pages	3475.00			
TOTAL OF	ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (13, Column A of Sum		3825.00			

I. MONETARY RECEIPTS (Sections A—K)

		~		. =			
Name of Committee	C1.	Contribution	ns from O	Name of Trea			
Cabrera for the People				Sean Gr			
Address Legislative Office Building 280	00		Is this contrevent report	ed in Section I	tted with an Yes No 1? list Event #	Amount o	f Contribution
City	State	Zip Code 06106	Date Rece 10/23/		Aggregate Contributions		
Name of Committee	 	1		Name of Trea	asurer		
Future Leaders PAC				Nathan \	Wilson		
Address PO Box 2387			event report	ed in Section I If yes,	list Event #	Amount o	f Contribution
ਹity Shelton	State	Zip Code 06484	10/4/2		Aggregate Contributions		
Name of Committee Sound CT PAC			•	Name of Trea		,	
Address 34 Seaside Ave	Is this contribution associated with an Yes No event reported in Section L1? If yes, list Event #		Amount of Contribution 250.00				
City	State	Zip Code	Date Rece		Aggregate Contributions	-	
Guilford	СТ	06437	10/21/	2023	250.00		
					230.00		
C2.	Reimburseme	ents or Surpl		utions froi	m other Committees		
	Reimbursemo	ents or Surpl			m other Committees		
Name of Committee	Reimburseme	ents or Surpl		utions froi	m other Committees	State	Zip Code
C2. Name of Committee Address Date Received Expenditure # (if applicable)	Payment Typ		us Distrib	utions froi	m other Committees		Zip Code
Name of Committee Address Date Received Expenditure #	Payment Typ	e	us Distrib	Name of Tree	m other Committees		
Name of Committee Address Date Received Expenditure # (if applicable)	Payment Typ	e	us Distrib	Name of Tree	m other Committees asurer		
Name of Committee Address Date Received Expenditure # (if applicable) Description Name of Committee	Payment Typ	e	us Distrib	Name of Tres	m other Committees asurer		
Address Date Received Expenditure # (ff applicable) Description Name of Committee	Payment Typ Reimburs	e ement for shared e	City City	Name of Tres	m other Committees asurer ution	State	zip Code
Name of Committee Address Date Received Expenditure # (ff applicable) Description Name of Committee Address Date Received Expenditure # (ff applicable)	Payment Typ Reimburs	e ement for shared e	City City	Name of Tres	m other Committees asurer ution	State	t of Receipt
Name of Committee Address Date Received Expenditure # (if applicable) Description Name of Committee Address Date Received Expenditure #	Payment Typ Reimburs	e ement for shared e pe pe	City City City	Name of Tres	asurer asurer	State	zip Code
Address Date Received Expenditure # (if applicable) Description Name of Committee Address Date Received Expenditure # (if applicable)	Payment Typ Reimburs	e ement for shared e	City City City City City Carry City	Name of Trea	asurer ibution 1900.00	State	zip Code

I. MONETARY RECEIPTS (Sections A-K)

Street Address City Name of Cosigner/Guarantor (if applicable) Street Address City Name of Lender Source of L OBank Street Address City Name of Cosigner/Guarantor (if applicable) Street Address City Name of Lender Source of L OBank	Of Loan: ank Candidate Individual Other Committee State Zip Code Is there a Cosigner or Guarantor of this loan? Yes No
Street Address City Name of Cosigner/Guarantor (if applicable) Street Address City Name of Lender Source of L Bank Street Address City Name of Cosigner/Guarantor (if applicable) Street Address City Name of Lender Source of L Bank Street Address City Source of L City Name of Lender Source of L City	Amount Received State Zip Code Is there a Cosigner or Guarantor of this loan? Yes No Amount Received State Zip Code Date of Receipt
Name of Cosigner/Guarantor (if applicable) Street Address City Name of Lender Source of L Bank Street Address City Name of Cosigner/Guarantor (if applicable) Street Address City Source of L Bank City Source of L City City Source of L City Source of L City City Source of L City Source of L City	State Zip Code Is there a Cosigner or Guarantor of this loan? Amount Received State Zip Code Of Loan: ank Candidate Individual Cother Committee State Zip Code Is there a Cosigner or Guarantor of this loan? Yes No Amount Received State Zip Code State Zip Code Date of Receipt Amount Received
Street Address City Name of Lender Source of L Bank Street Address City Street Address City Name of Cosigner/Guarantor (if applicable) Street Address City Source of L Bank Street Address City City City City	State Zip Code Date of Receipt of Loan: ank Candidate Individual Other Committee State Zip Code Is there a Cosigner or Guarantor of this loan? Yes No Amount Received State Zip Code Date of Receipt State Zip Code Date of Receipt Amount Received Date of Receipt Of Loan: Date of Receipt Date of Receipt
Name of Lender Source of L OBank Street Address City Street Address City Name of Cosigner/Guarantor (if applicable) Street Address City Source of L OBank Street Address City	of Loan: ank Candidate Individual Other Committee State Zip Code Is there a Cosigner or Guarantor of this loan? Yes No Amount Received State Zip Code Date of Receipt
Street Address City Name of Cosigner/Guarantor (if applicable) Street Address City Name of Lender Source of L Bank Street Address City	ank Candidate Individual Other Committee State Zip Code Is there a Cosigner or Guarantor of this loan? Yes No Amount Received State Zip Code Of Loan: Date of Receipt
Name of Cosigner/Guarantor (if applicable) Street Address City Name of Lender Source of L Bank Street Address City	State Zip Code Is there a Cosigner or Guarantor of this loan? Yes No Amount Received State Zip Code Date of Receipt
Street Address City Source of L Bank Bank City City	State Zip Code Of Loan: Date of Receipt
Source of L Source of L Sank treet Address City	of Loan: Date of Receipt
Bank Citreet Address City	of Loan: Date of Receipt
	ank Candidate Individual Oother Committee
lame of Cosigner/Guarantor (if annlicable)	State Zip Code Is there a Cosigner or Guarantor of this loan? Yes O No
rame of confiner/Quaramot (y apparame)	Amount Received
Street Address City	State Zip Code
TOTAL	AL SECTION D
E. Receipts from Entities other than Individuals or Other	her Committees (Referendum Committees ONLY)
ame of Entity	
reet Address	Date Received Amount Received
ity State Zip Co	o Code Aggregate Contributions
lame of Entity	
treet Address	Date Received Amount Received 2023 OCT 31 pm
State Zip Co	p Code Aggregate Contributions
ame of Entity	
treet Address	Date Received Amount Received
City State Zip Co	p Code Aggregate Contributions
TOTA	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	E (Provide Complete Name as Regist	ered with Filing Repos	itory)		TYP	E OF REPORT	
F.	Amount Transferred	from Affiliate	ed Busine	ss Treasury (Bus	iness En	tity Committees ONLY)	
Date of Receipt	Is this transaction associ	iated with an n L1?	Yes <i>If ye</i> No	s, list Event#		Amount	
Date of Receipt	Is this transaction associevent reported in Section	iated with an n L1?	Yes <i>If ye</i> No	s, list Event#		Amount	
Date of Receipt	Is this transaction associ	iated with an n L1?	Yes If ye	s, list Event#		Amount	
Date of Receipt	Is this transaction associ	iated with an n L1?	Yes If ye No	s, list Event#		Amount	
				TOTAL SECTION	ON F		
G. Amount Tr	ransferred from Affilia	ted Labor Un	ion or Ot	her Organizatio		sury (Organization Committees ONLY)	
A	amount		Amoun	t		Amount	
			Т	OTAL SECTION	v G	10.00	
Date of Receipt	H. Personal Funds of	the Candidat	e Receive	d this Period <i>(C</i>	andidate		
Date of Receipt	Method of payment: Cash	Perso	onal Check	Credit/Deb	it Card	Amount	
Date of Receipt	Method of payment:	O Perso	onal Check	Credit/Deb	it Card	Amount	
Date of Receipt	Method of payment:	Perso	onal Check	Credit/Deb	it Card	Amount	
Date of Receipt	Method of payment:	O Perso	onal Check	Credit/Deb	it Card	Amount 2023 OCT 31 FM	2:44
				TOTAL SECT	ION H		
		I. Anon	ymous Co	ntributions			
	Per Public Act 11-48, nount. If a committee immediately remit the	receives an a e contribution	nonymoun to the St	s contribution,	the car	npaign treasurer shall	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Nam	ТҮРЕ	TYPE OF REPORT				
	J. Interest from Deposits in Author	rized Accounts				
Name of Institution	***************************************	Date Re	eceived	Amount		
Street Address	City	State	Zíp Code			
Name of Institution		Date Ro	eceived	Amount		
Street Address	City	State	Zip Code			
	TO	TAL SECTION J				
K. Misc	cellaneous Monetary Receipts not Co		utions			
Name	commedia Nonemy Recorpts not ex		Date of Transaction	Amount Received		
Street Address	City	State	Zip Code			
Description			I			
Name	and the second s	C	Date of Transaction	Amount Received		
Street Address	City	State	Zip Code			
Description						
Name		E	Date of Transaction	Amount Received		
Street Address	City	State	Zip Code			
Description		I	1			
Name		I	Date of Transaction	Amount Received		
Street Address	City	State	Zip Code			
Description				-2 023 OCT 31 PM 2		
	TOTAL	SECTION K				
SUMMARY	Y OF OTHER MONETARY RECE	IPTS (Sections D t	hrough K)			
Total Loans Received this Period (Sectio	n D)					
Total Receipts from Entities other than I	ndividuals or Other Committees (Section E)	+				
Total Amount Transferred from Affiliate	ed Business Treasury (Section F)	+				
Total Amount Transferred from Affiliate	ed Labor Union or Other Organization Trea	sury (Section G) +				
Total Amount of Personal Funds of the C	Candidate Received this Period (Section H)	+				
The state of the s						
Total Amount of Interest from Deposits i	in Authorized Accounts (Section J)	+		l		

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
	L1. Even	t Information			
Event # Date of Event Letter 102323 A	Pescription Fundriaser at Veterans Memorial Cente	er .		Was this a fu	ndraising event?
Location: Street Address 183 Seymour Ave	<u> </u>	City Derby		State CT	Zip Code 06418
Subpart 1: (All Committee Was this event hosted at	•	OYes (If yes, go to Section L5 Associated with a Hou purchases made by host	se Party and complete	e required info	mation for any
Did this fundraiser included of up to \$200 or items do	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section La and complete required i		not Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	Yes (If yes, enter Total Reco	ipts here.) →	\$	
Were there purchases of sign associated with this		OYes (If yes, go to Section L3 or on a Sign and comp	Purchases of Advert		Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Reco	cipts here.)	\$	
Event # Date of Event Letter	Description			Was this a fu	ndraising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at		OYes (If yes, go to Section L5 Associated with a Hou purchases made by host No	se Party and complete	e required info	rmation for any
	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No	4 In-Kind Donations information.)	not Considered	Contributions
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	Yes (If yes, enter Total Rec	eipts here.)	\$	
Subpart 2: (Party Comn Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?		Purchases of Advert		a Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Reco	eipts here.)	\$	
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fi	om Sale of Donated Items —	This Page	in-W-/	
		tion L1—Subpart 3 (Town Commit cipts from Food Purchases—	· · · · · · · · · · · · · · · · · · ·	292	3 0CT 31 PM
		TOTAL of additional Section	L1 Pages		
		CIPTS FROM SMALL PUI n Line 16a, Column A of Summary			

NAME OF COMMI	TTEE (Provide Complete Name	e as Registered with Filing Repos	itory)	TYPE OF REP	ORT		
	* - *		1	D C:			
ime of Purchaser	L3. Pi	urcnases of Advertis	ing in a Progi	am Book or on a Sign	Durch	ase Made By:	
ine of Fulchaser					1 -	usiness Entity	Other
					_	ndividual/Sole P	•
eet Address			City		10"	State	Zip Code
nte Received	Event #	Aggregate Purchas	es for All Events	Amount of Program Ad Purc	nase	Amount of Si	gn Purchase
me of Purchaser		i			Purch	ase Made By:	
					OB	usiness Entity	Other
					Or	ndividual/Sole P	roprietorship
eet Address			City			State	Zip Code
ite Received	Event #	Aggregate Purchas	es for All Events	Amount of Program Ad Purc	nase	Amount of Si	 gn Purchase
ime of Purchaser					Direct	ase Made By:	
mie of Furchaser					OB	usiness Entity adividual/Sole P	Other
eet Address			City			State	Zip Code
ate Received	Event#	Aggregate Purchas	es for All Events	Amount of Program Ad Purc	hase	Amount of Si	gn Purchase
ime of Purchaser					Durch	ase Made By:	
tine of Furchaser					OB	susiness Entity adividual/Sole F	Other Proprietorship
eet Address			City		1	State	Zip Code
ate Received	Event#	Aggregate Purchas	ees for All Events	Amount of Program Ad Purc	hase	Amount of Si	gn Purchase
ame of Purchaser					Purch	ase Made By:	
					1 -	Business Entity ndividual/Sole F	Other Proprietorship
reet Address			City		10-	State	Zip Code
ate Received	Event#	Aggregate Purchas	ses for All Events	Amount of Program Ad Purc	hase	Amount of Si	gn Purchase
	SUBTOTAL Sec	tion L3 Total Purchases	of Advertising in	Program Book — This Page			
	SUBTO	TAL Section L3 Total Pu	rchases of Adver	tising on a Sign — This Page		2023)00731 M
				f additional Section L3 Pages			

NAME OF COMMITTE	EE (Provide Complete Name as Register	red with Filing Repository)			TYPE OF REPOR	Т		
	Y T T	:						
Name of Donor	L4. In-K	ind Donations N	ot Consider	ea Contribu	tions			
Linda Fusco								
Street Address 10 Platt St			City Derby			State CT	Zip Code 06418	
Donation Given By: Business Entity	Description of Donation Snacks for Meet the Car	nidate / Extra Flye	rs to have a	t meet	Fair Market Value o			ue of Donation
O Individual O Sole Proprietorship	Date Received 10/14/2023	Event #		Aggregate Value fo	or this Event			
Name of Donor				<u> </u>				
Street Address			City				State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair N	 //arket Val	ue of Donation
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate Value fo	or this Event			
Name of Donor	1	I		·				
Street Address			City				State	Zip Code
Street Address			City				State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair N	Market Val	ue of Donation
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value fo	or this Event			
Name of Donor		•				·		
Street Address			City				State	Zip Code
Donation Given By: O Business Entity	Description of Donation					Fair N	Market Val	ue of Donation
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value fo	r this Event			
		SUBTO	OTAL Section	L4— This Pag	e			
		TOTAL	of additional	Section L4 Pag	es			
ТО	FAL OF ALL IN-KIND DON (Enter	ATIONS NOT CON total on Line 21, Col						

NAME OF COMMITTEE (F	rovide Complete Name as Registered with Filing Rep	vository)			TYPE OF RE	PORT	
T. 7	TICLD A NAC 1				7 D		
Lo. Jame of Host	In-Kind Donations Not Consideration	ered Contrib	utions Associa	Is this event s committee?	supporting m	ore than o	ne candidate or
Street Address		City				State	Zip Code
Description of Donation					Fair Mar	rket Value	of Donation
vent#	Aggregate Value of this Event—all hosts	Aggregate Valu	ue of all Events—this ho	ost/candidate			
Name of Host				committee?	supporting m OYes ON omplete Itemiz	lo	ne candidate or
treet Address		City				State	Zip Code
Description of Donation					Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Valu	ue of all Events—this he	ost/candidate			
Jame of Host		<u> </u>		committee?	supporting m OYes ON omplete Itemiz	lo	ne candidate or
treet Address		City				State	Zip Code
Description of Donation					Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Valu	ue of all Events—this ho	ost/candidate			
Vame of Host		•		committee?	supporting m OYes ON omplete Itemiz	10	ne candidate or
Street Address		City		1		State	Zip Code
Description of Donation		<u> </u>			Fair Ma		of Donation
vent #	Aggregate Value of this Event—all hosts	Aggregate Valu	ue of all Events—this he	ost/candidate			· www. iii
		SUBTOTAL	Section L5 —	This Page			
		TOTAL of ad	ditional Section	L5 Pages			
TOTAL O ASSOCIATED WITH	OF ALL IN-KIND DONATIONS N A HOUSE PARTY (Enter total or		ERED CONTRI an A of Summary				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Registered with	Filing Repository)		TYPE OF REPORT		
		M. In-Kind Con	tributions			
Name						
Street Address			City		State	Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		
OIndividual / Sole Proprietorship OOther						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No valued at more than \$5,000?				Fair Market Value of this Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No If yes,	tor a principal of a state coindicate which branch or minent the contract is with	branches	⊘ N₀		
Name			<u> </u>			
Street Address			City		State	Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind	Contribution		
OIndividual / Sole Proprietorship OOther						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		n excess of \$400 to a candi- business he/she is associa in \$5,000?				Market Value is Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No If yes,	tor a principal of a state co indicate which branch or rnment the contract is with	branches	No		
Name						
Street Address			City		State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	Date Received	Aggregate Contributions	Description of In-Kind	Contribution	!	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		n excess of \$400 to a candi business he/she is associa n \$5,000?				Market Value is Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	No If yes,	tor a principal of a state coindicate which branch or mment the contract is with	branches	_ ONo		
		SUBTOTAL	Section M — This Pa	ge .		
		erina en en aleitar paginta de la trada de la comunicación de la comun	Mark Maria (1906) and the second of the seco			
TOTAL OF ALL IN MAN CON	TO TO THE TO A CO.		itional Section M Pag			
TOTAL OF ALL IN-KIND CON						
	N. Refund	dable Deposit to T	elephone Compar	·		
Last Name of Individual		First		MI	Date Depos	sit Made
Residential Street Address		City		State Zip Code		Amount of Deposit
Name of Telephone Company		I				3 0 CT31 pm
Street Address		City		State Zip Code		
Bucci Addices		City		State Zip Code		
TOTAL	COTION N O	4441 - 11 - 24 - 24		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
IUIAL SI	LC 11UN IN (Enter	total on Line 24, Column	A of Summary Page Tot	ais)		

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository))	TYPE OF REPORT		
	P Eynansas	Paid by Committee			
Name of Payee Anedot	1. Expenses	Tald by Committee	Date of Payment 10/28/2023	Method of Che	
Street Address 1920 McKinney	Ave	City Dallas		State TX	Zip Code 75201
Purpose of Expenditure (by code) BNK	Description Anedot fees for online donations (10/1-10/	⁷ 29)	Event #	78.10	Amount
Expenditure # (if applicable)					
Name of Payee Michael Walker	- Derby Property LLC	S Olgum	Date of Payment 10/2/2023		f Payment: ck #503 it Card O EFT
Street Address 61 Indian Well R				State CT	Zip Code 06484
Purpose of Expenditure (by code) OVHD	prose of Expenditure v code) OVHD Description Lease for Headquarters				Amount DO
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the	re) O Indeper			
Name of Payee Derby Democrat	tic Town Committee	J O. guille	Date of Payment 10/2/2023		of Payment: ck #504 it Card OEFT
Street Address 13 Howard Ave		City Derby		State CT	Zip Code 06418
Purpose of Expenditure (by code) A-SIGN	Description Extra Yard Signs		Event #	229.0	Amount DO
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	ure) O Indepe			
Name of Payee Vistaprint			Date of Payment 10/4/2023		
Street Address 275 Wyman Stre	eet	City Waltham		State	Zip Code 02451
Purpose of Expenditure (by code) A-SIGN	Description 2 XL yard signs		Event #	231.	Amount 82
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	expenditure) Independent			2023 OCT 31 PM
		SUBTOTAL Section P -	1110.00		
	TO	OTAL of additional Sect	ion P Pages		
	TOTAL OF ALL EXPI (Enter total on Lin	ENSES PAID BY CO ne 19, Column A of Summa	•		

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
DiMartino 23 Fo	r A Better Derby		7th Day Preceed	ling		
	P. Expenses	Paid by Committee				
Name of Payee Threshold Group			Date of Payment 10/27/2023	Method of Payment: O Check #_ O Debit Card O EFT		
Street Address 11 E 44th St		New York	•	State Zip Code NY 10017		
Purpose of Expenditure (by code) A-DM	Description Miler #4		Event #	Amount 3233.20		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	mmittee)	dent			
Name of Payee Ryan Toffey			Date of Payment 10/28/2023	Method of Payment: Check #519 Debit Card EFT		
Street Address 8 1/2 B Talmadg	e St	City Derby		State Zip Code CT 06418		
Purpose of Expenditure (by code) RMB	Description Reimbursement for Pizza/ Plates / Soda for	r Rosa Rally	Event #	Amount 236.24		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)				
Name of Payee Linda Fusco			Date of Payment	Method of Payment: Check #520 Debit Card EFT		
Street Address 10 Platt St		City Derby		State Zip Code CT 06418		
Purpose of Expenditure (by code) RMB	Description Reimbursement for FND #102323 Food/su	pplies	Event # 102323	Amount 406.10		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or concomment conditions) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)	ommittee) re)				
Name of Payee Veterans Memor	rial Center		Date of Payment 10/21/2023	Method of Payment: Check #505 Debit Card DEFT		
Street Address 183 Seymour Av	/e	City Derby		State Zip Code CT 06418		
Purpose of Expenditure (by code) FND	Description Fundrasiser Room Rental		Event # 102323	Amount 50.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	mmittee)				
		SUBTOTAL Section P -	- This Page 3925.54			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
DiMartino 23 For	r A Better Derby			7th Day Preceeding		
	P. Expenses	Paid by Committee	3	· ·		
Name of Payee Charles Stankye	: III		- 1	Date of Payment 10/11/2023	Method of F	# <u>506</u>
Street Address 126 David Hump	phreys Rd	City Derby	,		State CT	Zip Code 06418
Purpose of Expenditure (by code) RMB	Description Reimbursement for stamps		Event #		31.89	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	mmittee)	ndent) A Ов Ос Ор		
Name of Payee Valley Publishing	3		- 1	Date of Payment 10/2/2023	Method of P Check Debit 0	# <u>502</u>
Street Address 7 Francis St		City Derby			State CT	Zip Code 06418
Purpose of Expenditure (by code) A-DM	Description Mailer #1		Event #		1500.0	Amount 00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	nmittee)	ndent	ОвОс Ор		
Name of Payce Threshold Group	0		I	Date of Payment 10/16/2023	Method of F O Check O Debit	#
Street Address 11 E 44th St		City New York			State NY	Zip Code 10017
Purpose of Expenditure (by code) A-DM	Description Mailer #2		Event #		3130.	Amount 76
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) re)	endent	d) A Ов Ос Ор		
Name of Payee Threshold Group	p		1	Date of Payment 10/23/2023	Method of I O Check O Debit	c#
Street Address 11 E 44th St		New York			State NY	Zip Code 10017
Purpose of Expenditure (by code) A-DM	Description Mailer #3		Event #		3330.7	Amount 76
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	mmittee)	ndent	A OB OC OD		
		SUBTOTAL Section P -	— This l	Page 7993.41		
					ħi	000 AAT 74

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPOI	TYPE OF REPORT			
	O. Campaign	Expenses Paid by	Candidate			
ame of Payee (Name of V	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
				O Yes O No		
Street Address		City		State Zip Code		
urpose of Expenditure	Description		Event #	Amount		
y code)						
lame of Payee (Name of V	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
				O Yes O No		
treet Address		City	1	State Zip Code		
urpose of Expenditure	Description		Event #	Amount		
,,						
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?		
				O Yes O No		
treet Address		City		State Zip Code		
urpose of Expenditure by code)	Description		Event #	Amount		
,,						
lame of Payee (Name of I	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
				O Yes O No		
treet Address		City		State Zip Code		
urpose of Expenditure by code)	Description		Event #	Amount		
lame of Payee (Name of I	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
				O Yes O No		
treet Address		City		State Zip Code		
urpose of Expenditure by code)	Description		Event #	Amount		
Name of Payee (Name of 1	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
				O Yes O No		
treet Address		City		State Zip Code		
rpose of Expenditure y code)	Description		Event #	Amount		
		SUBTOTAL Sec	tion Q — This Page	2023 OCT 31 PM		
			nal Section Q Pages			
	TOTAL OF ALL	EXPENSES PAID				
		on Line 26, Column A o				

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repositor	y)	TYPE OF REPOR	RT	
N	R. Expenses Incurr	·			
Name of Issuing Insti	tution	Type of Credit Car O Visa	Master Card Discover OA	merican Express	Other:
Name of Vendor, Person o	or Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	····· • • · · · · · · · · · · · · · · ·	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind of the coordinated)	diture)	below" is checked) Independent Organization OA OB OC	Ов	
Name of Vendor, Person o	or Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	nditure)	below" is checked) Independent Organization: A B OC	O D	
Name of Vendor, Person	or Entity			Date of T	ransaction •
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind	nditure)	p below" is checked) Independent Organization: OA OB OC	Ор	
		SUBTOTAL Sectio	n R — This Page		
	TC	TAL of additional	Section R Pages		
TC	OTAL OF ALL EXPENSES INCURRED ON (Enter total on Li		CREDIT CARD ummary Page Totals)		
					ንቦስን ኢኤፕ ማቆ

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
	C F	maiddon bard NT / D . * T	Duning this Desired		
	S. Expenses Incurred by Com	imittee out Not Paid	During this Period		
Name of Creditor				Date Incurr	ed
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #	A	
(by code)	Description		Event #		ount Incurred imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required	d unless "None of the below"	is checked)	1	
(і) аррисиону	None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind expendence)	diture) Organ	endent ization: OA OB OC O D		
Name of Creditor				Date Incuri	ed
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		ount Incurred imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Indepo	is checked) endent ization: OA OB OC OD		
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	10	ount Incurred timate or Actual)
Expenditure #	Type of Expenditure (Itemization in Addendum S Required	d unless "None of the below"	is checked)	1	
(if applicable)	None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of	Indep			
		SUBTOTAL Section	S-This Page		
		TOTAL of additional Sec	ction S Pages		
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE DUR (Enter total on	RING THIS PERIOD BU' Line 28, Column A of Summ			
	Previously reported Ex	penses Unpaid and still C	Outstanding		
	TOTAL OF ALL EXPENSES INCURRE (Enter total on L	D BY COMMITTEE BU			
			· · · · · · · · · · · · · · · · · · ·		

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repo	ository)	TY	PE OF REPORT	
	T. Itemization of Re	imbursements a	and Secondary Pa	vees	
ast Name of Worker/Con		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant			Payment to Reimb reported in Section Check #	purse Committee Worker/Consultant as n P: O Debit Card OEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			State Zip Code
turpose of Expenditure by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Re None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	expenditure)	of the below" is checked) Independent Organization: OA	000	O D
Last Name of Worker/Cor	sultant	First '		МІ	Date of Payment to Vendor, Person or Entity
	or Entity Paid by Committee Worker/Consultant			Payment to Reimbreported in Sectio Check #	O Debit Card OEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			State Zip Code
Purpose of Expenditure by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Re	expenditure)	of the below" is checked) Independent Organization: o A	000	
Last Name of Worker/Con	nsultant	First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant			Payment to Reim reported in Section Check #	burse Committee Worker/Consultant as on P: O Debit Card OEFT
Street Address of Vendor	, Person or Entity Paid by Committee Worker/Consultant	City		. I	State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)					
		SUBTOTAI	∟ Section T — This Pa	ıge	
		TOTAL of ad	ditional Section T Pag	ges	
		North Charles			